	•	Application or Docket Number											
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003											_		
		10771058											
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)							TYPE			OR	SMALL	ENTITY	
TOTAL CLAIMS			20				RAT	E F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 38	5.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus-20=		. 0		xs s)=		OR	X\$18=		
INDEPENDENT CLAIMS			<i>3</i> minus 3 =		9		X43	X43=		OA	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						+145			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	1 38	5	OR	TOTAL		
CLAIMS AS AMENDED - PART II								-			OTHER	THAN	
(Calumn 1) (Calumn 2) (Calumn 3)							SMALL ENTITY			OR	SMALL		
AMENDMENT A	11/09/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	BER	PRESENT EXTRA	RAT	ETIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	.20	Minus	-2	0 ·	- /	X\$ 9	=		OR	XS18=		
	Independent	. 3	Minus	5	3		X43:	.		OR	X86≈		
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM	لــــلـــــــــــــــــــــــــــــــــ	+145				+290=		
							107	!		OR	TOTAL		
	•						ADDIT. F			OR ,	ADDIT. FEE		
	4-25-06	(Column 1)		(Colum		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA	RATE	TIO	DI- NAL EE/		RATE	ADDI- TIONAL FEE1	
	Total	• 20	Minus	** 7U		• / '	X\$ 9	- .	/ [OR	X\$18=		
	Independent	• 3	Minus	<u>}</u>	C1 4/14	• /	X43-		T = 0	OR	X86≈		
<u> </u>	PINST PHESE	NTATION OF ML	LIPLE DEF	ENDEN	CLAIM	-/- -	+145:	- /		OR	+290=		
								AL L		OR.	TOTAL ADDIT. FEE		
	•					_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT:		HIGH NUME PREVIO PAID F	IER USLY	PRESENT EXTRA	RATE	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		s -	X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***	•	*	X43=	1-			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╅—	 '	DR			
)R	+290=		
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													
		mber Previously Pa ther Previously Paid					•		ate por è	n cob	umn 1.		